



## CONVENOR NOMINATION FORM

We wish to nominate the following person as a **Convenor**  
for the period until the AGM 2020:

Convenor Role .....

NAME (IN BLOCK CAPITALS).....

Signed ..... Proposer; Name(*in block capitals*).....

Signed ..... Seconder; Name (*in block capitals*).....

**Consent of Nominee:**

I consent to the nomination and, if elected, I will act as a Convenor for the period until the AGM 2020 and I confirm that I will carry out the relevant duties and responsibilities as laid down in the UNISON Rule Book and Code of Good Practice.

Signature ..... Date ..... Membership No .....

JOB TITLE .....

FULL Workplace Address .....

..... Location Postcode .....

Your work telephone number .....

Your work e-mail address .....

Your line manager.....

DIRECTORATE/DEPARTMENT.....

FULL Home Address .....

..... Postcode .....

Home/Mobile telephone number .....

Home e-mail address .....

Please return to:

**UNISON, Coventry City Branch**  
Koco Community Resource Centre  
Archest Industrial Estate  
Coventry  
CV1 3JQ

Tel: 024 7655 0829

Email [office@unisoncoventry.co.uk](mailto:office@unisoncoventry.co.uk)

